MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10382

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
STREET ADDRESS (If rural give location) Jacksonville Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Etta (Last) Beauchamp

4. DATE OF DEATH: (Month) Oct. (Day) 20, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 21, 1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months 7, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William H. Pusey

14. MOTHER'S MAIDEN NAME: Henrietta Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Ethel Ward, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 334X (a) Cerebral Arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhagic Cerebral Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 ~~19-~~, to Oct. 20, 1953, that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at 6:30, from the causes and on the date stated above.

SIGNATURE: S. M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 10/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 23, 1953 — NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian Cem. — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/22/53 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durward Q. Covington — ADDRESS: Crisfield, Md.

RECEIVED
OCT 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10383

CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Deal Island
LENGTH OF STAY (in this place): 68
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Henry (Middle) (Last) Bivens

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: May 9 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: C

11. BIRTHPLACE (State or foreign country): Deal Island somerset co Md

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: Hampton Bivens

14. MOTHER'S MAIDEN NAME: Lizzie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Cardiac Failure	1 day
DUE TO	(b) Pulmonary edema	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(c) Cerebral hemorrhage.	1 day
	Cardio-vascular disease & hypertension	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 3:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): B. Franks Gigante M.D. ADDRESS: Princess Anne DATE SIGNED: Oct 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 23-1953 — NAME OF CEMETERY OR CREMATORY: John Wesley — LOCATION (City, town, or county) (State): Deal Island somerset co Md

DATE RECD BY LOCAL REGISTRAR: 10/23/53 — REGISTRAR'S SIGNATURE: R. V. Johnson, M.D. — 24. FUNERAL DIRECTOR: Charles H. Ward — ADDRESS: Marion Md

JT

RECEIVED
OCT 1993
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10384

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EVERETTE (Last) BRADSHAW

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: May 29, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron T. Bradshaw

14. MOTHER'S MAIDEN NAME: Elizabeth Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: William Bradshaw--Rural, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 6 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio-Vascular Disease with Angina — 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE A. N. Barr (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED Oct 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Oct. 21, 1953

NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 10/20/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS Crisfield, Md.

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10385

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
STREET ADDRESS (If rural give location) 353 Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) M. (Last) COLLINS

4. DATE OF DEATH: (Month) Oct. (Day) 7 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March ?, 1866

9. AGE Last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 353 Chesapeake Ave. Mrs. Lilly Townsend- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Chronic myocarditis — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arteriosclerosis — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1953, to 10/6, 1953, that I last saw the deceased alive on 10/6, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (Degree or title) MD ADDRESS Crisfield, Md DATE SIGNED 10/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Oct. 9, 1953

NAME OF CEMETERY OR CREMATORY Mariners Cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 10/9/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.

RECEIVED
OCT 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10386

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield 32
LENGTH OF STAY (in this place) 18 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Main Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 32
STREET ADDRESS (If rural give location) 306 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Freeland

4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: June 16, 1861

9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio 32

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Davis

14. MOTHER'S MAIDEN NAME: Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Durward Q. Covington, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X
Immediate cause (a) Cerebral accident probably DUE TO — Interval Between Onset And Death: 8 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhage DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1953, to Oct 22, 1953, that I last saw the deceased alive on Oct 22, 1953, and that death occurred at 7.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Rawley M.D. — ADDRESS Crisfield, Md — DATE SIGNED 10-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 25, 1953 — NAME OF CEMETERY OR CREMATORY Stewartstown Cem. — LOCATION (City, town, or county) (State) Stewartstown, Penn.

DATE REC'D BY LOCAL REGISTRAR 10/23/53 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS Durward Q. Covington, Crisfield, Md.

RECEIVED
OCT 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-161

Marion Station, Md — Marion Sta. Md. R.F.D. 1, Box 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion ✓
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NO

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Somerset.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion Sta, Md. R.F.D. 1, Box 60
STREET ADDRESS (If rural, give location): Marion Sta, Md. R.F.D. 1, Box 60

3. NAME OF DECEASED: (Type or Print) (First) Bitha (Middle) Annie (Last) Johnson

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/15/1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Joshua Johnson

14. MOTHER'S MAIDEN NAME: Harriet Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Joshua T. Johnson - Marion - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Hemorrhage	10 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO pulmonary T.B.	2 years
	(c) DUE TO	

002X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Int. Nephritis Chronic Myocarditis Senyal Arteriosclerosis 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 51, to Oct. 18, 19 53, that I last saw the deceased alive on Oct. 17, 19 53, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: George E. Coulbourn M.D. — (DEGREE OR TITLE) ADDRESS: Marion Sta. Md. — DATE SIGNED: Oct. 20-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: Oct. 22, 1953

NAME OF CEMETERY OR CREMATORY: Library Cemetery

LOCATION (City, town, or county) (State): Marion Sta. Md.

DATE REC'D BY LOCAL REG.: Oct 20, 1953

REGISTRAR'S SIGNATURE: Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS: George H. Dilgram

VS. 3-51

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Asbury Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Dewey (Last) Mason

4. DATE OF DEATH: (Month) Oct. (Day) 12, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 5, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Machinist

10b. KIND OF BUSINESS OR INDUSTRY: making cutlery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William I. Mason

14. MOTHER'S MAIDEN NAME: Naomi Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Louise Mason, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
163X Immediate cause	(a) DUE TO	Cardiac Failure	3 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Inanition	8 months
	(c)	Carcinoma of the Lung	8 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis; Undernourish — Many Years

19a. DATE OF OPERATION: Feb 1953

19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy (Union Memorial) Biopsy showed Ca.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to Oct 12, 1953, that I last saw the deceased alive on Oct 12, 1953, and that death occurred at 8.55 a.m., from the causes and on the date stated above.

SIGNATURE: A. N. Barr (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 10/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Oct. 14, 1953 NAME OF CEMETERY OR CREMATORY: Sunny Ridge LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/13/53 REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durward Q. Covington, Crisfield, Md. ADDRESS

RECEIVED
OCT 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural--Cash Corner

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 9 Pear St.

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) CLAYTON (Last) ROACH

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 19 53

5. SEX: MALE male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 29, 1937

9. AGE last birthday: 16 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Bakery

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira Roach

14. MOTHER'S MAIDEN NAME: Beulah Roach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 9 Pear St. Mrs. Beulah Evans--Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Accidental Gun Shot
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Wound in Post Temporal
DUE TO (c) Occipital Region of Brain

Interval Between Onset and Death: 9/9.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Gun Shot & Head

William M. Coulbourn M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: No

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.): Rural Setting
(CITY OR TOWN) RFD Crisfield (COUNTY) Som (STATE) Md
TIME OF INJURY (Month) Oct (Day) 17 (Year) 53 (Hour) 5:30 p.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY occur? Jumped from truck & gun went off

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on Nov., 19..., and that death occurred at 5:30 p.m., from the causes and on the date stated above.
SIGNATURE William M. Coulbourn M.D. (Degree or title) ADDRESS Crisfield, Md. DATE SIGNED Oct 19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 20, 1953
NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/19/53
REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10390

CERTIFICATE OF DEATH

Reg. Dist. No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chesapeake Ave., Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
STREET ADDRESS (If rural give location): Chesapeake Ave., Ext.

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) B. (Last) STERLING

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 3, 1863

9. AGE last birthday: 90 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Rumbley-Somerset, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Sarah Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Chesapeake Ave., Ext. Miss Sue Sterling- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Acute dilatation of Heart — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senility

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ,19 47, to Oct., 19 53 that I last saw the deceased alive on Oct 29, 19 53, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: C Rawley (Degree or title) M D — ADDRESS: Crisfield Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Nov. 1, 1953 — NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/1/53 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors, Crisfield, Md.

RECEIVED
NOV 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10391

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: Somerset COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
LENGTH OF STAY (in this place): 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE — COUNTY: somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: westover
STREET ADDRESS (If rural give location): Rt. I

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) (Last) WHITE

4. DATE OF DEATH: (Month) IO (Day) 9 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 6/9/1878

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housework

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): somerset co. maryland

12. CITIZEN OF WHAT COUNTRY? usa.

13. FATHER'S NAME: HANDY COLLIER

14. MOTHER'S MAIDEN NAME: LAURA WATERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ?
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ISAAC WHITE

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
332X Immediate cause	(a) Cardiac Failure	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Thrombosis	6 days.
	DUE TO (c) Hypertension	2 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Arthritis	6 yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1953, to Oct 10, 1953, that I last saw the deceased alive on Oct 9, 1953, and that death occurred at 9:30 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title): B. Franks Gigante M.D. ADDRESS: Princess Anne Md. DATE SIGNED: 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10/13/53 — NAME OF CEMETERY OR CREMATORY: ST PAUL — LOCATION (City, town, or county) (State): REVELL NECK MD.

DATE REC'D BY LOCAL REGISTRAR: 10/13/53 — REGISTRAR'S SIGNATURE: K. S. Johnson, M.D. — 24. FUNERAL DIRECTOR: William H Jones Jr. — ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 14 1953
BUREAU V. S.